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FORM**

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Total Number of Pages in This Submission

Application Number	10/060,759
Filing Date	January 30, 2002
First Named Inventor	Adam Lerner
Art Unit	1614
Examiner Name	ANDERSON, James D.
Attorney Docket Number	701588-050174 DIV

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Continued Examination; Exhibits H-K		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Nixon Peabody LLP Deposit Account No. 50-0850.</td> </tr> </table>			Remarks	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Nixon Peabody LLP Deposit Account No. 50-0850.
Remarks				
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Nixon Peabody LLP Deposit Account No. 50-0850.				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Nixon Peabody LLP		
Signature			
Printed name	Leena H. Karttunen		
Date	January 16, 2009	Reg. No.	60335

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	TRANSMITTED ELECTRONICALLY VIA EFS-WEB by /Leena H. Karttunen/		
Typed or printed name	Leena H. Karttunen	Date	January 16, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including: gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or other suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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